

**Membership of  
Midlothian Integration Joint Board for Health and Social Care  
Carer and Depute Carer Member Application Form**

**Name:**

**Address:**

**Phone number:**

**Email:**

- 1. Are you applying for the role of Carer Member, Depute Carer Member, or for either role?**

- 2. Why would you like to be a member of the Integration Joint Board for Health and Social Care?**

- 3. What skills, abilities and experience would you bring to the role? Please refer to the “Further Information” document provided about the role**

**4. What do you know about local care issues for unpaid carers in Midlothian?**

**5. Is there any other information you would like to share for your application for this role?**

**Please return the completed application by email or post to:**

[Shelagh.swithenbank@midlothian.gov.uk](mailto:Shelagh.swithenbank@midlothian.gov.uk)

Shelagh Swithenbank

Midlothian Health & Social Care Partnership

Fairfield House

8 Lothian Road

Dalkeith

Midlothian

EH22 3AA

**Application Deadline: 30<sup>th</sup> October 2020**

Here at Midlothian Council, we take your privacy seriously. To find out how we handle your personal data when you apply to Volunteer with us, please see our Volunteers

Privacy Notice:

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